



2004 IL-1363 Instructions and Benefits Information

Application for Circuit Breaker grant, license plate discount, and optional help paying for drugs (Pharmaceutical Assistance or SeniorCare)

Seniors and persons with disabilities may qualify for benefits by filing Form IL-1363, Application for Circuit Breaker grant, license plate discount and optional help paying for drugs (Pharmaceutical Assistance or SeniorCare), if they meet

requirements for age, residency, and income. See Page 2, "Who should apply?" for more information.

Form IL-1363 must be postmarked by **December 31, 2005**. File earlier to get your benefits sooner.

What benefits are available?



Help paying for drugs

You may ask for help paying for drugs for you, your spouse, or your qualified additional resident. Qualified applicants may get either **SeniorCare** or **Circuit Breaker Pharmaceutical Assistance** drug coverage through June 2006.

- 1) Some lower-income seniors who apply will qualify for SeniorCare drug coverage. Those who get a SeniorCare drug coverage card may exchange it for a \$25 monthly rebate if they have private insurance that pays for drugs.
- 2) All other applicants may get Circuit Breaker Pharmaceutical Assistance with Illinois Rx Buying Club discounts.

To apply or reapply for help paying for drugs, you must tell us on your application. Don't forget to check the box!



Circuit Breaker grant

You may get a Circuit Breaker grant if you paid property tax or mobile home tax on your home - even if you rent or live in a nursing home.



License plate discount

If we approve your application, the Illinois Secretary of State's office will allow you a license plate fee discount on your vehicle.

Are there any new benefits?

You may use your Pharmaceutical Assistance card to obtain Illinois Rx Buying Club discounts on drugs not covered by Pharmaceutical Assistance.



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Who should apply?

Apply on Form IL-1363 if you meet the following requirements for age, residency, and income:

1 Age

- you must be 65 years of age or older before January 1, 2005; or
- you must become 65 years of age during 2005 (benefits become available after you turn 65; your Circuit Breaker grant will be prorated based on the number of months you were 65); or
- you must be 16 years of age or older before January 1, 2005, and totally disabled; or
- you must be a widow or widower who was 63 or 64 years of age before the death of your spouse (if your spouse was receiving or was eligible to receive Form IL-1363 benefits).

2 Residency

- you must live in Illinois at the time you file your application; and
- (this requirement is only for SeniorCare) you must continue to be a resident of Illinois; and
- (this requirement is only for a Circuit Breaker grant) you must have lived in an Illinois residence in 2004 that was subject to property or mobile home tax.

3 Income

Your* total income (see Page 12) in 2004** must be less than

- **\$21,218** if filing an application for yourself only; or
- **\$28,480** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
- **\$35,740** if filing an application for yourself, your spouse*, and at least one qualified additional resident, or yourself and at least two qualified additional residents.

* If your spouse lived with you, you must add your spouse's income to your income.

** If your 2004 income was over these limits, but you have experienced a decrease in your income, you may qualify for prescription coverage. See "Projecting your income" in the instructions for Step 4 on Page 15.

? What if I am not a U.S. citizen?

You do not have to be a U.S. citizen to qualify for a Circuit Breaker grant, license plate discount, or help paying for your drugs. If you are 65 years old or older, you may qualify for SeniorCare instead of Pharmaceutical Assistance — see "SeniorCare requirements for noncitizens" on Page 7.

? Who qualifies as disabled?

To qualify as disabled, you must be at least 16 years of age and

receive disability benefits from one of the following:

- 1 Social Security Administration, or
- 2 Veterans Administration, or
- 3 Civil Service, or
- 4 Railroad Retirement,

or have one of the following:

- 5 a Class 2 disability card from the Illinois Secretary of State's office, or
- 6 a completed Schedule A, Physician's Statement, if you are not yet age 65 and do not have other proof of disability as listed above. Schedule A must show that you were totally and permanently disabled in 2004.

Note: Use a separate Schedule A for each person who is not yet age 65 and needs to send us other proof of disability.



You must attach proof of disability — see Page 17.

? Who is a qualified additional resident?

A qualified additional resident is an individual, other than your spouse,

- who lived with you in the same residence in 2004 and in 2005 at the time you file your 2004 Form IL-1363; and
- for whom you, or you and your spouse, provided more than half of that person's total financial support in 2004; and
- who is not filing a separate 2004 Form IL-1363.



You must attach proof of your qualified additional resident (Schedule B) — see Page 18.

? What if I am married?

If you are married and you and your spouse lived together during 2004, you must complete one Form IL-1363 and report your total combined income. Your spouse cannot apply separately.

If one or both of you lived in a nursing home, you should each complete separate Forms IL-1363.

If you and your spouse were permanently separated in 2004 and are still living at different addresses, you may each complete separate Forms IL-1363.

Who should apply? (continued)

? If my spouse died before applying, do I qualify?

If your spouse died in 2004 or 2005 **before** sending us a properly completed 2004 Form IL-1363, you may qualify. You must meet the requirements listed under “Who should apply?” on Page 2.

You must complete Form IL-1363 in your own name. Be sure to read the instructions for Line 7 on Page 11 to determine the correct box to check for your situation.

You must include the amount of income your spouse received during the months your spouse was living with you in 2004.



You must attach proof of your age — see Page 17.

If you were 63 or 64 years of age before the death of your spouse and your spouse was receiving or was eligible to receive Form IL-1363 benefits,



you must also attach proof of death — see Page 17.

? What if I share my home with someone other than my spouse or any qualified additional resident?

A person who lives with you (other than your spouse or qualified additional resident) may apply on a separate Form IL-1363, if he or she meets the requirements listed under “Who should apply?” on Page 2.

How do I apply?

Your 2004 Form IL-1363, Application, must be postmarked on or before **December 31, 2005**.

To get your benefits quickly,

- complete your Form IL-1363 as soon as you have the necessary information, and
- file your completed application with us on the internet (if you qualify) at **www.state.il.us/aging**, or
- send your completed application with any required attachment to us as soon as possible.



Do I qualify to file on the internet?

You may file your Form IL-1363 on the internet, if

- you filed Form IL-1363 last year and were approved;
- your marital status did not change; and
- you are not required to send any attachment, including Schedules A, B, or P.

We can process applications filed on the internet **faster** than those we receive in the mail.

Confidentiality and privacy information

The information you disclose on this application is protected information under federal privacy and state confidentiality laws. You can find the Pharmaceutical Assistance Program Privacy Notice about health information on our Website at **www.state.il.us/aging**.

If you want someone else to contact us about your Form IL-1363 application or benefits, you must send us a copy of documentation to show that the person is your legal guardian or has the appropriate power of attorney to act for you on such issues.

If you do not have this type of documentation and you want someone else to contact us about your Pharmaceutical Assistance application or benefits, you must call us or send us a completed Form ADAD-PN3, Authorization for Use or Disclosure of Medical Information.

You may contact us or get Form ADAD-PN3, if you

call **1 800 624-2459** 8 a.m. to 5 p.m. weekdays

1 800 544-5304 TTY

visit **www.state.il.us/aging**



Questions about the grant

? How much will my grant be?

Your grant is figured by a formula using the amount you paid in property tax or mobile home tax for the place where you lived and the amount of your total income.

Renters and nursing, retirement, or shelter care home residents: If you lived in a residence that was subject to property tax, your grant is figured using a percentage of the amount you paid in rent or nursing home charges.

? When will I receive my grant?

We can process applications (Form IL-1363) filed on the Internet **faster** than those we receive in the mail.

If you send us your completed Form IL-1363 early in the year, we will issue your grant in three

to four months. If you send us your completed Form IL-1363 after May 1, we will issue your grant in approximately 10 weeks.

Your grant will be delayed if we need to request additional information from you or if funds are not available.

Note: If you are also applying for Pharmaceutical Assistance or SeniorCare, send us your application by **March 31** to avoid a delay in receiving your renewal coverage.

? How can I find out the status of my grant?

You can find out the status of your grant by visiting our Web site at **www.state.il.us/aging** or calling our automated telephone service at **1 800 624-2459**.



How to estimate your grant

Use the following instructions for the “Estimate chart for grant” on Page 5.

Step 1

Determine your total income on Line 25 of your Form IL-1363. Then find the next higher figure under “Household Income” (Item 1) across the top of the chart on Page 5.

Step 2

If you were a homeowner:

Find the amount written on Line 28 of your Form IL-1363. Then find the next lower figure using the “Property Tax” column (Item 2) on the left side of the chart.

If you were a renter:

Find the amount written on Line 30 of your Form IL-1363. Then find the next lower figure using the “Rent” column (Item 3) on the left side of the chart.

If you were in a nursing, retirement, or shelter care home:

Divide the amount written on Line 31 of your Form IL-1363 by 4. Then find the next lower figure using the “Rent” column (Item 3) on the left side of the chart.

If you were a part-year homeowner and a part-year renter:

Divide the amount written on Line 30 of your Form IL-1363 by 4. Divide the amount written on Line 28 of

your Form IL-1363 by 2. Add these amounts together. Then find the next lower figure using the “Property Tax” column (Item 2) on the left side of the chart.

If you were a mobile home owner and paid lot rent:

Divide the amount written on Line 30 of your Form IL-1363 by 4. Add the amount of your mobile home tax (Line 29 of your Form IL-1363). Then find the next lower figure using the “Property Tax” column (Item 2) on the left side of the chart.

If you were a mobile home owner and a property owner:

Add the amounts written on Lines 28 and 29 of your Form IL-1363. Then find the next lower figure using the “Property Tax” column (Item 2) on the left side of the chart.

Step 3

Find the point on the chart where the column and row come together. This figure is your estimated grant with a few exceptions. For example, your grant will be reduced if you

- received more than \$55 per month of cash assistance in the aged, blind, and disabled categories (see Pages 13 and 14, Line 19 instructions). Divide the estimated grant by 12 and multiply the result by the number of months



How to estimate your grant (continued)

that you did **not** receive more than \$55 per month of cash assistance in the aged, blind, and disabled categories.

become 65 years of age during 2005. Divide the estimated grant by 12 and multiply the result by the number of months during the year that you were 65 years old.

Estimate chart for grant

Use this chart to help **estimate** the amount of your 2004 grant (see instructions).

		Item 1 Household Income (Line 25) - Find the next highest figure (round up)																	
		\$ 0	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000	30,000	33,000	Less than 35,740
Item 2 Property Tax	Item 3 Rent (Yearly)																		
75	300	75	5																
205	820	205	135	65															
335	1,340	335	265	195	125	55													
465	1,860	465	395	325	255	185	115	45											
595	2,380	595	525	455	385	315	245	160	70	35									
725	2,900	700	610	520	430	340	250	160	70	70	70	25							
855	3,420	700	610	520	430	340	250	160	70	70	70	70	70	15					
985	3,940	700	610	520	430	340	250	160	70	70	70	70	70	70	70	5			
1,115	4,460	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	65		
1,245	4,980	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	
1,375+	5,500+	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70

Note Use the last line of this chart to estimate your grant for any amount of property tax paid that is more than \$1,375 or rent paid that is more than \$5,500.



Questions about the license plate discount

? What discount can I get for my vehicle's license plates?

We will tell the Illinois Secretary of State if we have approved your Form IL-1363. They will send you a notice about the discount. When you go to the Illinois Secretary of State to pay your license plate fee, you will be eligible for a \$54 discount on the fee.

? May I use the license plate discount for more than one vehicle?

No. You may get the discount for the license plate fee for **one** vehicle per household.

? What if I want more information about the discount?

For further information,
call:

1 800 252-2904

or visit:

www.sos.state.il.us/departmentseniors

or write to:

SECRETARY OF STATE
RENEWALS SECTION
RM 500 HOWLETT BLDG
SPRINGFIELD IL 62756-7000



Questions about help paying for drugs

? Who may get Pharmaceutical Assistance or SeniorCare?

A claimant or claimant's spouse who meets the requirements on Page 2 ("Who should apply?") and applies may get Pharmaceutical Assistance or SeniorCare depending on your application information.

A qualified additional resident who meets the age requirements on Page 2 may qualify for Pharmaceutical Assistance.

Each person approved for Pharmaceutical Assistance or SeniorCare will get a card under his or her own name.

? What if I have other insurance or Medicare Part B that will pay for my drugs?

Even if you have other insurance, you may use Pharmaceutical Assistance or SeniorCare to get your covered drugs. We will bill your other insurance for the cost of the drugs we paid on your behalf.

If you have the MediPlan card, you are not eligible for Pharmaceutical Assistance or SeniorCare. If you are on Spenddown, you can use Pharmaceutical Assistance or SeniorCare until you receive a MediPlan card.

Note If you have a SeniorCare drug coverage card and you have other insurance that pays for your drugs, you may choose to get the SeniorCare rebate instead of using the SeniorCare card. See Page 10, "Questions about the SeniorCare rebate" for more information.

? What if I have a drug discount card?

You may use your discount to purchase medicine that is not covered by Pharmaceutical Assistance or SeniorCare.

? What drugs are covered?

Almost all prescription drugs are covered by SeniorCare. Pharmaceutical Assistance covers prescription drugs used in the treatment of certain diseases (see Pages 8 and 9).

Both programs cover both brand name and generic drugs and use a **preferred drug list** (PDL). The preferred drug list is a list of some types of drugs, but not all, that are covered by your card.

A drug listed as "preferred" on the PDL can be obtained at the pharmacy without any additional approval required. A drug that is listed as "non-preferred" requires an extra step called prior approval before the program will pay for it.

Your pharmacy or doctor's office may call to request prior approval of a non-preferred drug. If the prior approval request is approved, your pharmacy will be able to fill your prescription within 24 hours. If the prior approval is denied, your pharmacy or doctor will receive a letter in the mail informing them of the denial. You have the right to appeal the denial of a prior approval.

PDLs for each program are available through our web site at www.state.il.us/aging. Your doctor can use your program's PDL to prescribe a preferred product if it is medically appropriate.

? How can I get the most benefit from these programs?

- File as soon as you have the information you need to complete Form IL-1363.
- File on the **internet** if you qualify. See Page 3.
- Ask your doctor to prescribe a generic drug for you. Generic drugs are usually less expensive than brand name drugs. When a generic drug is not available, ask your doctor to prescribe a preferred product from the preferred drug list if medically appropriate.
- Check with your pharmacist to make sure your coverage will be honored.

Questions about help paying for drugs (continued)



? When may I expect to get my drug card?

If you applied	When to expect card*	Coverage effective*
by March 31 for a renewal card for a card for the first time	by July 1 by June 1	July 1, 2005 - June 30, 2006 June 1, 2005 - June 30, 2006
between March 31 and June 1 Example: applied April 1 Example: applied June 1	in about 12 weeks by July 16 by September 1	<i>Renewals expect a break in your coverage</i> July 16, 2005 - June 30, 2006 Sept. 1, 2005 - June 30, 2006
between June 2 and December 31 Example: applied August 1 Example: applied December 1	in about 8 weeks by October 1 by March 1	<i>Renewals expect a break in your coverage</i> October 1, 2005 - June 30, 2006 March 1, 2006 - June 30, 2006

* Your coverage will start on the first or sixteenth of the month after we approve your completed 2004 Form IL-1363. Your card **will be delayed** if we need to request additional information from you. The dates in this table are approximate.

SeniorCare requirements for noncitizens

These requirements only apply to persons who are age 65 or older and who want to apply for SeniorCare. There are no citizenship requirements for the Circuit Breaker grant, license plate discount, or Pharmaceutical Assistance.

To check the "qualified noncitizen" box in Line 5b (Line 12b for your spouse), you must be a noncitizen who is also one of the following:

- 1 a lawful permanent resident who has lived in the U.S. for at least five years;
- 2 a refugee, an asylee, or a parolee;
- 3 a U.S. veteran or the spouse of a U.S. veteran;
- 4 a national of Cuba or Haiti admitted to the U.S. on or after April 21, 1980;
- 5 an Amerasian from Vietnam admitted through the Orderly Departure Program beginning on March 20, 1988;

- 6 identified by the federal Office of Refugee Resettlement as a victim of trafficking;
- 7 a member of Hmong or Highland Laotian tribe during the Vietnam era between August 5, 1968, and May 7, 1975 (this includes the person's spouse, widow, or widower who has not remarried);
- 8 an American Indian born in Canada to whom Section 289 of the Immigration and Nationality Act applies or a member of an Indian tribe defined in Section 4e of the Indian Self-Determination and Education Assistance Act;
- 9 a victim of domestic abuse; or
- 10 your deportation is being withheld by INS under Section 243(h) or Section 241(b)(3).

You may need to attach proof of your qualified noncitizenship status — see Page 17.

These requirements are only for SeniorCare, not other Circuit Breaker benefits.





Form IL-1363 drug programs chart

Program name	You may qualify if:	Program covers:
Circuit Breaker Pharmaceutical Assistance Program (with Illinois Rx Buying Club Discounts)	<ul style="list-style-type: none"> ■ You are an Illinois resident who... <ul style="list-style-type: none"> ■ is age 65 or older; or ■ is a recent widow or widower age 63 or 64 (if your spouse was receiving or was eligible to receive Form IL-1363 benefits); or ■ is age 16 years of age or older before January 1, 2005, and totally disabled; and ■ You have a total annual income of... <ul style="list-style-type: none"> ■ less than \$21,218 for a single-person household; or ■ less than \$28,480 and are married and live with your spouse or one qualifying resident; or ■ less than \$35,740 if filing an application for yourself, your spouse and at least one qualified additional resident, or yourself and at least two qualified additional residents. ■ You do not qualify for SeniorCare. 	<ul style="list-style-type: none"> ■ The Pharmaceutical Assistance card covers prescriptions for... <ul style="list-style-type: none"> ■ Alzheimer's disease ■ Arthritis ■ Cancer (Some prescriptions may require prior approval.) ■ Diabetes (This includes insulin, syringes, and needles.) ■ Glaucoma ■ Heart and blood pressure problems ■ Lung disease and smoking-related illnesses ■ Multiple sclerosis ■ Osteoporosis ■ Parkinson's disease
<i>Illinois Rx Buying Club information</i>	<p>Note: You are automatically enrolled in the Illinois Rx Buying Club when you are enrolled in Circuit Breaker Pharmaceutical Assistance.</p>	<ul style="list-style-type: none"> ■ All prescription drugs approved by the FDA and available through... <ul style="list-style-type: none"> ■ Participating pharmacies; and ■ The program's mail-order option (<i>offering a 90-day supply at greater savings</i>).
Illinois SeniorCare Program	<ul style="list-style-type: none"> ■ You are an Illinois resident who is age 65 or older; ■ You have a total annual income of... <ul style="list-style-type: none"> ■ no more than \$18,620* and you are single; or ■ no more than \$24,980* between both you and your spouse; and ■ You are a U.S. citizen or a qualified non-citizen. (If you do not complete this information on the application, you may still be eligible for Circuit Breaker Pharmaceutical Assistance Program.) 	<p>The SeniorCare card covers...</p> <ul style="list-style-type: none"> ■ Most prescription drugs (some prescriptions require prior approval); and ■ Some over-the-counter drugs if a doctor prescribes them: <ul style="list-style-type: none"> ■ analgesics ■ antacids ■ laxatives ■ smoking cessation aids ■ stool softeners

* Income amounts may change in February 2005.



How program works:

Circuit Breaker Pharmaceutical Assistance (continued from Page 8)

- If your application is approved, you receive a Circuit Breaker Pharmaceutical Assistance card.
- Cards cost...
 - \$5 if your income is below the federal poverty level; or
 - \$25 if your income is at or above the federal poverty level.
- With that card, you can obtain prescription medication for covered diseases with...
 - No co-payment if you have the \$5 card; or
 - A \$3 co-payment if you have the \$25 card.

(Note: For brand name drugs when a generic is available, you will also be required to pay the difference in price.)
- After Circuit Breaker Pharmaceutical Assistance pays \$2,000 per person in benefits, you must pay your co-payment plus 20 percent of cost for each prescription for the remainder of the fiscal year (July 1 - June 30).
- You will automatically be enrolled in the Illinois Rx Buying Club for no additional fee. The Circuit Breaker Pharmaceutical Assistance card will work for both programs.

Illinois Rx Buying Club (continued from Page 8)

- For prescriptions not covered by Circuit Breaker Pharmaceutical Assistance, present your card at any participating pharmacy for immediate savings. No further forms to fill out nor coupons required.
 - You may expect an average 20 percent discount on prescriptions that you fill.
- You will also receive information about how to use the mail-order option.
- There is no annual cap and no limit to the savings.

SeniorCare (continued from Page 8)

- There is no annual enrollment fee. If your application is approved, you receive a SeniorCare card.
- If you are...
 - Single with an income of no more than \$9,309* a year; or
 - A couple who have an income of no more than \$12,489* a year...

SeniorCare will pay up to \$1,750 per person in a fiscal year at no cost. After that, participants pay 20 percent of the cost of each prescription.
- If you are...
 - Single with an income between \$9,310* and \$18,620* a year; or
 - A couple who have an income between \$12,490* and \$24,980* a year...

Each participant pays \$1 for each generic and \$4 for each brand name prescription. After SeniorCare pays \$1,750 per person in a fiscal year, you pay \$1 for generic and \$4 per brand name prescription plus 20 percent of the cost for each prescription.

Note: For brand name drugs when a generic is available, you will also be required to pay the difference in price.



Questions about the SeniorCare rebate

? What is the SeniorCare rebate?

The SeniorCare rebate is a \$25 monthly check that you may choose to receive instead of the SeniorCare drug coverage if

- you have health insurance coverage that includes prescription drug coverage, and
- you qualify for SeniorCare drug coverage.

If you choose the SeniorCare rebate, you must use your own health insurance to help pay for your prescriptions. The only SeniorCare benefit you will get is the monthly rebate check.

? How do I get the SeniorCare rebate for myself or my spouse?

First you must apply for SeniorCare drug coverage and be approved. To apply, complete Form IL-1363 and if you want SeniorCare for

- yourself, you must check the box on Line 5a and complete Line 5b, or
- your spouse, you must check the box on Line 12a and complete Line 12b.

When you are approved, you will get a SeniorCare card and a rebate form. Complete the rebate form and return it to:

SENIORCARE
STATE OF ILLINOIS
PO BOX 19158
SPRINGFIELD IL 62794-9158

You must maintain your own health insurance prescription coverage as long as you get the SeniorCare rebate. If your prescription insurance ends for any reason, call us right away at **1-800-226-0768** so we can stop your monthly rebate check and restart your SeniorCare drug coverage. **You can have either the SeniorCare card or the rebate, but not both.**

? When will I begin to get the rebate check?

Your first rebate check will be sent in approximately six to eight weeks after your SeniorCare drug coverage card is cancelled.

? What if I want more information about SeniorCare?

For further information, call:

SeniorCare HealthBenefits Hotline
1 800 226-0768
1 877 204-1012 (TTY)

or visit:

www.seniorcareillinois.com

Line-by-line instructions for Form IL-1363

Step 1: Tell us about yourself (claimant).

1 Social Security number

Write your Social Security number exactly as it appears on your Social Security card. If you do not have your own Social Security number, you may apply for one at any Social Security Administration office. You must be assigned a Social Security number before you send us your Form IL-1363.

2 Name

Print your first name, middle initial, and last name.

3 Address

Print your street address and apartment number (if you have one), your city, state, and ZIP code.

You must use the address **where you live**.

A change in your address can affect the amount of your grant. Therefore, we cannot accept the address of your Social Security representative payee, your vacation area, a relative, a bank, your trustee, the person who holds your power of attorney, a conservator, or a post office box number.

4 Phone number

Write the area code and phone number where we can reach you during the day. It may be necessary to call you in order to complete the processing of your application.



5a Check the box on Line 5a if you want to apply for Pharmaceutical Assistance or SeniorCare benefits.

Note If you want to apply for help paying for your drugs, **remember to check the box in Line 5a**. Also, do **not** send us any payment with your Form IL-1363.

5b Complete Line 5b **only** if you are 65 years of age or older (or if you will become 65 years of age during 2005) **and** you want to apply for SeniorCare benefits.

Check the **first** box if you are a U.S. citizen.

Check the **second** box if you are a qualified noncitizen. See Page 7 "SeniorCare requirements for noncitizens" to find out if you qualify to check the second box.

If you check the second box,

 **you may need to send us proof of your qualified noncitizen status — see Page 17.**


Note If you do **not** check any box in Line 5b, you may still get Pharmaceutical Assistance (check the box in Line 5a), the Circuit Breaker grant, or a license plate discount.

6 Birth date

Write the month, day, and year of your birth. For example, June 30, 1934, should be written as:

0 6 / 3 0 / 1 9 3 4
Month Day Year

If this is the first time you are applying,

 **you must send us proof of your age — see Page 17.**

If you are younger than age 65, you must be disabled to qualify and

 **you must send us proof of your disability — see Page 17.**

7 Marital status

Check **only one** of the marital status boxes on Line 7.

- ☒ **1 Single, widow(er), or divorced**
- if you are single, *or*
 - if your spouse was deceased before January 1, 2005*, *or*
 - if you were divorced before January 1, 2005.

*If your spouse was living with you during 2004, you must include his or her income in Step 3.

- ☒ **2 Married and living together**
- if you were married and living with your spouse during 2004, *or*
 - if your spouse died in 2005, but was living with you during 2004 (you must provide a copy of the death certificate).

- ☒ **3 Married, but not living together**
- if you were permanently separated from your spouse during 2004, *or*
 - if you or your spouse were living in a nursing, retirement, or shelter care home in 2004.

8 Tell us if you are male or female

Check the box that applies to you.

Step 2: Tell us about your spouse (husband or wife).

Complete Step 2 **only** if you checked Marital status 2, "Married and living together" on Line 7. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household as your spouse, skip to Step 3.

9 Spouse's Social Security number

Write your spouse's (husband's or wife's) Social Security number. Your spouse must have his or her own Social Security number. It cannot be the same as yours.


10 Spouse's name

Print your spouse's first name, middle initial, and last name.

11 Spouse's birth date

Write the month, day, and year of your spouse's birth.

If this is the **first time** your spouse is applying,

 **you must send us proof of your spouse's age — see Page 17.**

12a If you want to apply for Pharmaceutical Assistance or SeniorCare benefits for your spouse, check the box on Line 12a. (To be eligible for drug coverage, your spouse must meet the requirements listed on Page 2, "Who should apply?".)

If your spouse is disabled and younger than 65 years of age,



you must send us proof of your spouse's disability — see Page 17.

Note If you want to apply for help paying for your drugs, **remember to check the box in Line 12a.** Also, do **not** send us any payment with your Form IL-1363.

12b Complete Line 12b **only** if your spouse is 65 years of age or older or will become 65 years of age during 2005, **and** you want to apply for SeniorCare benefits for your spouse.

Check the **first** box if your spouse is a U.S. citizen.

Check the **second** box if your spouse is a qualified noncitizen. See Page 7 "SeniorCare requirements for noncitizens" to find out if your spouse is a qualified noncitizen.

If you check the second box for your spouse,



you may need to send us proof of your spouse's noncitizen status — see Page 17.

Note If you do **not** check any box in Line 12b, your spouse may still get Pharmaceutical Assistance (check the box in Line 12a).

Step 3: Write only the claimant's and spouse's total income for 2004.

Include only your income and your spouse's income (if you were living together) for the year 2004. **Do not** include any qualified additional resident's income.

What is considered income?

You **must include** items that are considered income for 2004 federal income tax purposes. Examples are:

- alimony
- annuity benefits
- Black Lung benefits
- business income
- capital gains
- cash assistance from the Illinois Department of Human Services and other governmental cash public assistance
- cash winnings from such sources as raffles, lotteries, or gambling
- Civil Service benefits
- damages awarded in a lawsuit on account of nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- dividends
- farm income
- interest
- interest on life insurance policies
- lump sum Social Security payments
- miscellaneous sources, such as rummage sales, recycling aluminum, or baby sitting
- monthly insurance benefits
- pension and IRA benefits (only the federally taxable portion)
- qualified long term care insurance contract payments (only the federally taxable portion)

- Railroad Retirement benefits (including Medicare deductions)
- rental income
- SeniorCare rebate received in 2004 (only if you took an itemized deduction for health insurance on your 2003 federal income tax return)
- Social Security income (including Medicare deductions)
- Supplemental Security Income (SSI) benefits
- state income tax refunds received in 2004 (only if you took an itemized deduction on your 2003 federal income tax return)
- unemployment compensation
- veterans' benefits (only the federally taxable portion)
- wages, salaries, and tips from work
- Workers' Compensation Act income
- Workers' Occupational Diseases Act income

What is not considered income?

The following items are not considered income and you **should not include** them on your Form IL-1363:

- cash gifts
- child support payments
- Circuit Breaker grants
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal income tax refunds
- IRAs "rolled over" tax-free into other retirement accounts
- lump sums from inheritances
- lump sums from insurance policies



- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Title V of the Older Americans Act of 1965; Green Thumb or Experience Works; or VISTA or AmeriCorps income

13 Social Security, SSI benefits

Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) paid to you and your spouse in 2004 by the Social Security Administration.

You must also include any Supplemental Security Income (SSI) you received in 2004. **Do not** include benefits to dependent children or reimbursements under Medicare/Medicaid for medical expenses.

It is **not** necessary to contact the Social Security office to obtain the amount in benefits received. To determine the total amount of your benefits, multiply by 12 the amount of any one of the checks you received in 2004. Add to this total \$799.20 (or \$66.60 per month), which was the yearly amount deducted for Medicare. You must adjust your figures accordingly if you did not receive 12 equal checks during this period.

Note If your Social Security and Railroad Retirement benefits are paid to you on the same check, write this amount on Line 13. Remember to include your Medicare deductions.

14 Railroad Retirement benefits

Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) you and your spouse received in 2004 under the Railroad Retirement Act.

If you included your Railroad Retirement benefits on Line 13, do not write on Line 14.

15 Civil Service benefits

Write the total amount of any retirement, disability, or survivor's benefits you and your spouse received in 2004 under any Civil Service retirement plan.

16 Annuity benefits

Write the total amount received as an annuity by you and your spouse in 2004 from any annuity, endowment, life insurance contract, or similar contract or agreement.

17 Other pensions

- a Write the total of the federally **nontaxable** portion received by you and your spouse in

2004 from any IRAs, IRAs converted to Roth IRAs, and pensions.

- b Write the total of the federally **taxable** portion received by you and your spouse in 2004 from any IRAs, IRAs converted to Roth IRAs, and pensions.



You may need to attach proof of taxable and nontaxable benefits — see Page 18.

18 Veterans' benefits

- a Write only the federally **nontaxable** portion of any retirement pay or survivor's benefits you and your spouse received in 2004 from the Veterans Administration.

- b Write only the federally **taxable** portion of any retirement pay or survivor's benefits you and your spouse received in 2004 from the Veterans Administration.



You may need to attach proof of taxable and nontaxable benefits — see Page 18.

19 Human Services and other governmental cash public assistance benefits

Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse received in 2004.

If the first two digits of your Human Services case number are the same as any of those in the following category list, you must include the total amount of these benefits on Line 19.

- 01 aged
- 02 blind
- 03 disabled
- 04 } temporary assistance to
- 06 } needy families (TANF)
- 07 general assistance

It is not necessary to contact the Human Services office to obtain the amount in cash payments received. To determine the total amount of your benefits, multiply by 12 the amount of cash benefits you received in any one month in 2004. Adjust your figures if you did not receive 12 equal payments during this period.

Food stamps and medical assistance you may have received are not considered income and should not be added to your total income.

Governmental cash public assistance benefits also may be distributed by units of local government such as municipalities, counties, *etc.*

If you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, your grant will be reduced (see Page 4).



20 Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips you received in 2004 from working and the total amount your spouse received in 2004 from working. Add these amounts for both you and your spouse, and write the total on Line 20.

21 Interest and dividends received

Write the total amount of interest and dividends you and your spouse received in 2004 from all sources, including any government sources. You must include both taxable and nontaxable amounts.

22 Net rental, farm, and business income or (loss)

Write the total net income or loss from rental, farm, and business sources, as reportable for federal income tax purposes in 2004.

Note You **cannot** use a net operating loss (NOL) carryover in figuring income.

Write a loss in parentheses. For example, a \$700 loss should be written as (700).

If you are claiming a loss,



you must attach proof of loss of income — see Page 18.

23 Net capital gain or (loss)

Write any net capital gain or loss you and your spouse received in 2004.

If you report a net capital loss, it **cannot** exceed \$3,000. If you are married, but not living with your spouse, and you are filing a federal income tax return in your name only, your net capital loss **cannot** exceed \$1,500. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net capital loss carryover in figuring income.

If you are claiming a loss,



you must attach proof of loss of income — see Page 18.

24 Other income or (loss)

Write any other income or loss not reported on Lines 13 through 23. For an explanation of other income, see Page 12, “What is considered income?”. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net operating loss (NOL) carryover in figuring income.

If you are claiming a loss,



you must attach proof of loss of income — see Page 18.

25 Total income

Add Lines 13 through 24 and write the total. If you report any losses in Lines 22, 23, and 24, remember the loss is a decrease to your income. Do **not** include amounts on Lines 17a and 18a in this total.

26 If you rented out any part of your home to someone else, complete Lines 26a and 26b.

Note You must also include the amount you received as rent on Line 22.

a Write the number of rooms in your home.

If you were a homeowner or renter and rented out part of your home to someone else in 2004, you must write the **total** number of rooms in your home.

b Write the number of rooms you rented to someone else.

If you were a homeowner or renter and rented out part of your home to someone else in 2004, you must write the number of rooms you rented to someone else.

Note If you rented part of your home to someone else, we will figure your grant using a proportionately reduced amount for your rent or property tax.

Step 4: Does your total income allow you to file this application?

27 See if you qualify

Write the number of persons you are reporting on Form IL-1363 **and** on Schedule B, Qualified Additional Residents.

Compare Line 25 to Box 27 to determine if you are eligible for these programs.

- If you wrote 1 in Box 27, then Line 25 must be **less than \$21,218**.

- If you wrote 2 in Box 27, then Line 25 must be **less than \$28,480**.
- If you wrote 3 (or more) in Box 27 then Line 25 must be **less than \$35,740**.

If yes, go to Step 5. **If no, STOP.** You still may be eligible for drug coverage. See “Projecting your income” on Page 15.



Projecting your income

If you have experienced an event that has decreased your income to less than the income limits for 2004, **and** you have met the age and residency requirements, you may qualify for drug coverage. For example, a qualifying event might be the death of your spouse, a divorce, the onset

of a disability, or your spouse entering the nursing home.

In order to qualify under these conditions, you must file Schedule P, Projected Income Schedule for Drug Coverage, with your Form IL-1363. To obtain a copy of Schedule P, see "Where may I get help or more forms?" on Page 20.

Step 5: Tell us about the Illinois property tax or rent you paid in 2004.

28 Property tax you paid in 2004

If you owned the home in which you lived, write the amount of property tax you paid or that was payable in the year 2004. Include both installments.


If your taxes are included in your mortgage payments, your mortgage company can provide the property tax amount for you.

If your residence was a farm, you may claim only property tax for your home and the land on which it is located which was not assessed as farmland. Your chief county assessment officer can help you figure this amount.

If you shared ownership in the home in which you lived with someone other than your spouse, write only the amount of property tax you paid that represents your share of the home. For example, if you and someone other than your spouse each owned 50 percent of the home, write on Line 28 one-half of the property tax you paid on the home in 2004.

If the other owner qualifies for a Circuit Breaker grant, he or she may apply on a separate Form IL-1363 for his or her share of the property tax paid on the home.

Note If your income on Line 25 is less than or close to the amount you paid in property tax,

 **you may need to attach proof of property tax you paid — see Page 18.**

29 Mobile home tax you paid in 2004

If you owned a mobile home and lived in it, write the amount of taxes paid.

If you owned the land on which your mobile home was located, write on Line 28 the amount of property tax paid on the land on which your mobile home is located that was not assessed as farmland.

If you rented (or leased) the land on which your mobile home was located, write on Line 30 the amount of rent you paid on this land.

Note If your income on Line 25 is less than or close to the amount you paid in mobile home tax, property tax, and/or rent,

 **you may need to attach proof of property tax, mobile home tax, or rent you paid — see Page 18.**


30 Rent you paid in 2004

Write the total amount of rent you paid if you rented a residence. Do not include the amount paid by a Section 8 program or any amount of rent that you did not pay. Check "yes" or "no" to indicate whether your rent included food.

Mortgage payments are not considered rent. If you are buying your home, see the instructions for Line 28.

If you shared a rented residence with someone other than your spouse or qualified additional resident, write only the amount that represents your portion of the rent. If this other person qualifies, he or she may apply on a separate Form IL-1363 for his or her part of the rent paid on the residence. For example, if two sisters live together and share equally the yearly rent of \$4,800, each sister may apply on separate Forms IL-1363. Each sister may use \$2,400 as her share of the total rent.

Note If your income is less than or close to the amount you paid in rent,

 **you may need to attach proof of the rent you paid — see Page 18.**

30a To whom did you pay rent in 2004?

Write the name, address, and telephone number of your landlord from whom you rented.

30b How many months did you rent here in 2004?

Write the number of months during which you rented from this landlord.

Note If you now live at a residence that is **not** subject to property tax (such as public housing),

but during part or all of 2004 lived at a residence that **was** subject to property tax (such as private housing),



you must attach a copy of your property tax bill, rental agreement, lease, notarized statement from your landlord, or canceled checks to document the rent you paid to a private landlord. ***Also***, send us a letter stating the dates you lived at each residence.

31 Nursing, retirement, or shelter care home charges you paid in 2004

Complete Line 31 only if you consider the nursing, retirement, or shelter care home as your principal or permanent residence. Write the total amount in charges you paid in 2004. **Do not**

include amounts paid to the home by the Illinois Department of Human Services, any medical assistance programs, or your insurance company.

31a To whom did you pay nursing, retirement, or shelter care home charges in 2004?

Write the name, address, and telephone number of the nursing, retirement, or shelter care home to whom you paid these charges.

31b How many months did you live here in 2004?

Write the number of months during which you lived in this home.

Step 6: Sign below.

Signature statement

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of my tax returns for the limited purpose of confirming my eligibility for benefits. I also assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Circuit Breaker Pharmaceutical Assistance programs or SeniorCare. I also agree that if I receive any such payments or other payments or benefits under these programs in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

32 Your (the claimant's) signature

You must sign and date the application on Line 32. If you are only able to make a mark, another person must sign as a witness. If you

are unable to sign, your legal representative may sign for you; however,



you must send us proof that the person signing for you is your legal guardian or has power of attorney to act for you — see Page 18.

Applications without a valid signature or mark will not be approved.

Note If the claimant is not yet age 18, the claimant's parent or guardian must sign on Line 32, indicating the relationship to the claimant (such as "mother," "father," or "guardian").

33 Spouse's signature

If you are married and living with your spouse, your spouse must sign and date Form IL-1363 on Line 33. If your spouse is able only to make a mark, another person must sign as a witness. If your spouse is unable to sign, your spouse's legal representative may sign; however,



you must send us proof that the person signing for your spouse is his or her legal guardian or has power of attorney to act for your spouse — see Page 18.

34 Preparer's name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 34.





You may need to attach...



Please write your name and Social Security number on each attachment.



Proof of your disability

If you are 16 years of age or older and totally disabled, but younger than 65 years of age before January 1, 2005, **and** you are the

- claimant, or
- spouse or qualified additional resident who is applying for Pharmaceutical Assistance coverage,

you **must** attach one of the following as proof of disability.

If you received Social Security disability benefits (and you did not file an approved Form IL-1363 last year), you must send us one of the following:

- a copy of Form SSA-1099 showing a Medicare deduction
- a copy of your statement showing SSI benefits
- a copy of your statement showing a Medicare deduction

If you received Veterans Administration disability benefits, you must send us one of the following:

- a copy of your pension statement
- a copy of your statement showing compensation rated at 100 percent

If you received Railroad Retirement or Civil Service disability benefits, you must send us

- a copy of your pension statement from the Railroad Retirement or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare.

If you had a Class 2 disability card from the Illinois Secretary of State's office, you must send us

- a copy of your Class 2 disability card as proof of your disability.

If you **did not** receive any of the above items, you must send us

- a completed Schedule A, Physician's Statement. (Use a separate Schedule A for each person.)

Note If you are disabled and become 65 years old during 2005, we will prorate your grant and your drug coverage will become effective on or after your birthday unless you send us proof of your disability.



Proof of age

If you are the claimant or spouse or qualified additional resident and you are applying for the **first time**, you must attach a **copy of one** of the following examples as proof of age.

- baptismal record
- birth certificate
- driver's license
- ID card from the Illinois Secretary of State
- insurance policy
- passport

Note If you have **not** filed an approved Form IL-1363 since 2001, you are considered a first-time applicant.



Proof of death

If you are a widow or widower who was 63 or 64 years of age before the death of your spouse (if your spouse was receiving or was eligible to receive Form IL-1363 benefits **and** you do not qualify as disabled), you must attach a **copy** of your spouse's death certificate and proof of your age.



Proof of qualified noncitizen status

If you checked the "qualified noncitizen" box in Line 5b (Line 12b for your spouse), and you (or your spouse) currently do not have a SeniorCare blue card, you must attach a **copy** of one of the following examples as proof of qualified noncitizen status:

- Alien Registration Receipt Card (I-151 or I-551)
- Memorandum of Creation of Record of Lawful Permanent Residence (I-181a)
- Arrival-Departure Record (I-94)
- other Immigration & Naturalization Services (INS) documents
- U.S. military discharge papers or current orders (DD Form 2)





You may need to attach...



Please write your name and Social Security number on each attachment.



Proof of your qualified additional resident (Schedule B)

If you are reporting qualified additional residents, you must complete and attach Schedule B, Qualified Additional Residents. You must attach proof of that person's age. If you are applying for Pharmaceutical Assistance for your qualified additional resident who is younger than 65 years of age, you must attach proof of his or her disability.

Note Your spouse is not a qualified additional resident.



Proof of taxable and nontaxable benefits for Lines 17 and 18

If you received pensions and/or veterans' benefits that are **nontaxable** and you want to help prevent delays in receiving your Circuit Breaker grant or drug coverage, you must send us a copy of each of your annual statements showing both taxable **and** nontaxable benefits.



Proof of a loss of income

If you are claiming a loss of income on Lines 22, 23, or 24, you must attach a copy of your federal income tax return as proof of any loss you report. If you did not file a federal income tax return, you **must** send us a detailed explanation of the loss and how you figured it.



Proof of rent, property tax, or mobile home tax you paid

If your income on Line 25 is less than or close to the amount you paid in rent, property tax, or mobile home tax **and** you want to help prevent delays in receiving your Circuit Breaker grant or drug coverage, send us the following:

If you are a renter —

attach a copy of your rental or lease agreement, a notarized statement from your landlord, or canceled checks documenting the rent you paid in 2004.

If you rented or leased the land on which your mobile home is located —

attach a copy of your rental or lease agreement, a notarized statement from the land owner, or canceled checks documenting the amount you paid in 2004.

If you own your home —

attach a copy of your property tax bill or mobile home tax bill, receipts from your county government, or canceled checks documenting the property tax or mobile home tax you paid in 2004.

In addition —

attach the following information to explain how you are able to pay high rent, property tax, or mobile home tax on a limited income. On a separate sheet of paper, tell us

- whether family or friends helped pay your rent, property tax, or mobile home tax and the amount they paid on your behalf. (List only the amount you paid on Line 30.)
- whether your rent was subsidized and the amount that was paid on your behalf. (List only the amount you paid on Line 30.)
- whether you receive reverse mortgage payments and the amount paid to you. (These types of benefits are not considered income and should not be reported in Step 3.)
- whether other expenses were included in your rent; for example, electric bills. (If your rent included food, check "yes" on Line 30.)
- your portion of rent, property tax, or mobile home tax, if you shared your home with someone other than your spouse or any qualified additional resident. (If anyone else lived with you and paid you rent in 2004, write the amount you received in rental income on Line 22 and complete Lines 26a and 26b.)
- any information about minor dependent children receiving Social Security, SSI, or child support. (These types of benefits are not considered income and should not be reported in Step 3.)
- any other information to explain how you are able to pay high rent, property tax, or mobile home tax on a limited income.



Proof of authorized representation for signature

If someone must sign for you, you must attach proof that the person signing for you is your legal guardian or has power of attorney to act for you.

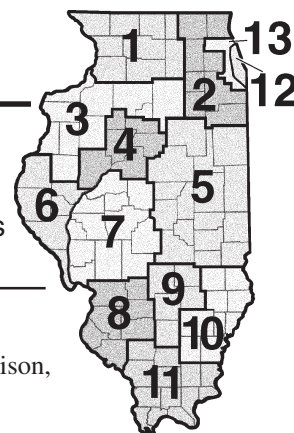
If someone must sign for your spouse, you must attach proof that the person signing for your spouse is your spouse's legal guardian or has power of attorney to act for your spouse.





You may want to visit a local office to get help filling out Form IL-1363. Please call first before visiting.

There are over **150 Senior Health Assistance Program offices** in Illinois where you can get free help in filling out Form IL-1363 and answers to questions. To find an office near you, you may contact the Illinois Department on Aging or one of the 13 local area agencies on aging listed below.



1 Northwestern IL Area Agency on Aging

Referrals for Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, & Winnebago Counties
2576 Charles Street
Rockford 61108-1605

1 800 542-8402 (within area only) or 815 226-4901

2 Northeastern IL Area Agency on Aging

Referrals for DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, & Will Counties
Kankakee Community College
Riveroad West Campus Building 5
Kankakee 60901-0809

1 800 528-2000 or 815 939-0727

3 Western IL Area Agency on Aging

Referrals for Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island, & Warren Counties
729 34th Avenue
Rock Island 61201-5950

1 800 322-1051 or 309 793-6800

4 Central IL Agency on Aging, Inc.

Referrals for Fulton, Marshall, Peoria, Stark, Tazewell, & Woodford Counties
700 Hamilton Boulevard
Peoria 61603-3617

1 877 777-2422 or 309 674-2071

5 East Central IL Area Agency on Aging, Inc.

Referrals for Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, & Vermilion Counties
1003 Maple Hill Road
Bloomington 61704-9327

1 800 888-4456 (within area only) or 309 829-2065

6 West Central IL Area Agency on Aging

Referrals for Adams, Brown, Calhoun, Hancock, Pike, & Schuyler Counties
639 York
Quincy 62301-3000

1 800 252-9027 or 217 223-7904

7 Project LIFE Area Agency on Aging, Inc.

Referrals for Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, & Scott Counties
2141 West White Oaks Drive, Suite C
Springfield 62704-6495

1 800 252-2918 or 217 787-9234

8 Area Agency on Aging of Southwestern IL

Referrals for Bond, Clinton, Madison, Monroe, Randolph, St. Clair, & Washington Counties
2365 Country Road
Belleville 62221-2571

1 800-326-3221 or 618 222-2561

9 Midland Area Agency on Aging

Referrals for Clay, Effingham, Fayette, Jefferson, & Marion Counties
434 South Poplar Street
Centralia 62801-1420

1 877 532-1853 or 618 532-1853

10 Southeastern IL Area Agency on Aging, Inc.

Referrals for Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne, & White Counties
516 Market Street
Mt. Carmel 62863-1558

1 800 635-8544 or 618 262-2306

11 Egyptian Area Agency on Aging, Inc.

Referrals for Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, & Williamson Counties
200 East Plaza Drive
Carterville 62918-1982

1 888 895-3306 (Southern Illinois only) or 618 985-8311

12 Chicago Department on Aging

Referrals for Cook County-city of Chicago only
30 North LaSalle Street, Suite 2320
Chicago 60602-2586

312 744-4016 or 312 744-6777 (TTY)

Disabled Chicago residents under 60

Mayor's Office for People with Disabilities
2102 West Ogden Avenue
Chicago 60612-4219

312 744-6673 or 312 744-7833 (TTY)

13 Suburban Area Agency on Aging

Referrals for Suburban Cook County
1048 Lake Street, Suite 300
Oak Park 60301-1054

1 800 699-9043 (Suburban Cook County only) or 708 383-0258

To contact the Illinois Department on Aging, see Page 20.

View the list of the local Senior Health Assistance Program offices at www.state.il.us/aging.



Where may I get help or more forms?



Visit our Web site at
www.state.il.us/aging



Email us at **ilsenior@aging.state.il.us**



Call us toll-free **(24-hour automated information)**. *Have your Social Security number ready when you call.*

1 800 624-2459 or
1 800 544-5304 TTY



Visit a local office (senior health assistance program or area agency on aging).

To find an office near you, **see Page 19** or call toll-free:

Senior HelpLine
1 800 252-8966 (voice and TTY)

Write to us at



ILLINOIS DEPARTMENT ON AGING
PO BOX 19003
SPRINGFIELD IL 62794-9003

Before visiting, call first.
Make sure the place you go
is ready to help you.



Illinois Rx Buying Club

? What is the Illinois Rx Buying Club?

- Members enjoy discounts on prescription drugs, both brand name and generic.
- There is an average 20% savings. Individual discounts may vary.
- It's accepted at more than **50,000** pharmacy locations. Check with your pharmacy or call toll-free 1 866-215-3462.
- There are no limits, no income restrictions, and no paperwork after enrollment.
- There is also a mail order service for greater savings on the prescription drugs you take every day.

? Do I qualify for the Illinois Rx Buying Club?

You must be an Illinois resident who

- is age 65 or older, *or*
- has an Illinois Disabled Person Identification card and a Class 2 disability *or*
- is disabled and receiving benefits through the Social Security Administration.

There is **no** income requirement.

Seniors eligible for the **SeniorCare** program are not eligible to participate in the Illinois Rx Buying Club.

? How do I apply for the Illinois Rx Buying Club?

You can apply for the new Illinois Rx Buying Club in three ways:

- Call toll-free 1 866-215-3462 or 1 866-215-3479 TTY
- Download an Illinois Rx Buying Club application form at **www.IllinoisRxBuyingClub.com**
- Contact the Senior HelpLine at 1-800-252-8966 (Voice & TTY) Monday through Friday 8:30 a.m. to 5:00 p.m.

NOTE: When you are enrolled in **Circuit Breaker Pharmaceutical Assistance**, you will be automatically enrolled in the Illinois Rx Buying Club. You do **not** need to apply separately or pay another fee. The Pharmaceutical Assistance card will contain all necessary information for the Illinois Rx Buying Club program.



Remember, if you qualify for Form IL-1363 benefits (see Page 2), apply using Form IL-1363 to get signed up for the most help paying for your drugs. If you are over the income limits, apply to the Illinois Rx Buying Club for discounts on prescribed medications. Do **not** apply on both forms.